# **APPLICATION DATA SHEET**

# **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	ABSORBENT ARTICLE COMPRISING AN ABSORBENT STRUCTURE
Attorney Docket Number::	018798-222
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No

Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ted
Middle Name::	
Family Name::	GUIDOTTI
Name Suffix::	
City of Residence::	Göteborg
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Anneholmsgatan 10
City of Mailing Address::	Göteborg
State or Province of Mailing Address::	

Country of Mailing Address:: Sweden Postal or Zip Code of Mailing Address:: SE-412 67 Applicant Authority Type:: Inventor Primary Citizenship Country:: Sweden Status:: Full Capacity Given Name:: Gunnar Middle Name:: **EDWARDSSON** Family Name:: Name Suffix:: City of Residence:: Bohus Björkö State or Province of Residence:: Country of Residence:: Sweden Street of Mailing Address:: Klarviksvägen 12 City of Mailing Address:: Bohus Björkö State or Province of Mailing Address:: Country of Mailing Address:: Sweden Postal or Zip Code of Mailing SE-430 94 Address:: Applicant Authority Type:: Inventor Primary Citizenship Country:: Sweden Status:: **Full Capacity** Malin Given Name::

Middle Name::

Family Name::

**ELIASSON** 

Name Suffix::

City of Residence::

Mölndal

State or Province of Residence::

Country of Residence::

Sweden

Street of Mailing Address::

Vetekornsgatan 6

City of Mailing Address::

Mölndal

State or Province of Mailing Address::

Country of Mailing Address::

Sweden

Postal or Zip Code of Mailing

Address::

SE-431 46

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

## **Representative Information**

Representative Customer Number::

21839

## **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing

Date::

This Application

An application claiming 60/457,316

03/26/03

the benefit under 35

USC 119(e)

#### **Foreign Priority Information**

Country::

Application Number::

Filing Date::

Priority Claimed::

#### **Assignee Information**

Assignee Name::

SCA HYGIENE PRODUCTS AB

Street of Mailing Address::

City of Mailing Address::

Göteborg

State or Province of Mailing Address::

Country of Mailing Address::

Sweden

Postal or Zip Code of Mailing

Address::

SE-405 03